

**FORMAT OF ANNUAL CONFIDENTIAL REPORT FOR ALL
STENOGRAPHER/DRIVER/SUPPORTING STAFF UNDER KVK**

PERSONAL DATA

(To be filled in by the Official reported upon)

Annual Confidential Report from _____ to _____

- 1) Name of Official (in capital letters) : _____
- 2) Present post held : _____
- 3) Date of continuous appointment to the present post _____
- 4) Date of birth : _____
- 5) Reporting, Reviewing and Accepting Authorities:

	Name & designation	Period worked
Reporting Authority		
Reviewing Authority		
Accepting Authority		

- 6) Period of absence on leave, etc:

	Period	Type	Remarks
On leave (specify type)			
Others (specify)			

- 7) Training programmes attended:

Name of training programme(s)	Period of training	Name of Institute

SECTION-II

SELF APPRAISAL

(To be filled in by the Official reported upon)

1. Brief description of duties and responsibilities (*about 100 words*):

2. Please provide brief resume of work done by you during the reporting period bringing out any special achievements during the period (*about 300 words*):

Date: _____

Signature of the Official

: _____

Name (in block letters)

: _____

Designation

: _____

SECTION-III
REMARKS OF THE REPORTING AUTHORITY

1. Please state whether you agree with the statement on achievement of targets/objectives/goals made in Section-II (Self Appraisal). If not, please furnish factual details:

2. Quality of work output (*Please comment on the quality of performance having regard to the standard of work*):

3. State of health:

4. General Intelligence and keenness to learn :

5. Knowledge of sphere of work (*Please comment on the knowledge of laws/rules/guidelines/procedures/IT skills and awareness of the local norms in the relevant areas*)

6. Relations with fellow employees and the public.

7. Regularity and punctuality in attendance:

8. Amenability to discipline:

9. Has the Official been reprimanded for indifferent work or for other causes during the period under report? If so, please give brief particulars

10. Please comment on the integrity of the Official reported upon (*In general, the remarks relating to the column on integrity in the Confidential Reports of the Official reported upon shall be made by the Reporting Authority in any one of the options mentioned below:*

- i. *Beyond doubt*
- ii. *Since the integrity of the Official is doubtful, a secret note is attached*
- iii. *Not watched the Official's work for sufficient time to form a definite judgement but nothing adverse has been reported to me about the Official):*

11. Overall grading : _____
(Outstanding/Very Good/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date: _____

Signature of Reporting Authority: _____

Name (in block letters) : _____

Designation : _____

SECTION-IV
REMARKS OF THE REVIEWING AUTHORITY

1. Is the Reviewing Authority satisfied that the Reporting Authority has made his report with due care and attention after taking into account all the relevant material?

2. Do you agree with the assessment made by the Reporting Authority in Section–III?

3. In case of differences of opinion, details and reasons for the same may be given.

4. Overall grading : _____
(Outstanding/VeryGood/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date: _____

Signature of Reviewing Authority: _____

Name (inblockletters) : _____

Designation : _____

SECTION-V
REMARKS OF THE ACCEPTING AUTHORITY

1. Do you agree with the remarks of the Reporting/Reviewing authorities?

2. In case of differences of opinion, details and reasons for the same may be given.

3. Overall grading _____ :

(Outstanding/Very Good/Good/
Average/Below Average)

(An Official should not be graded Outstanding unless exceptional qualities and performance have been noticed; grounds for giving such a grading should be clearly brought out)

Date: _____

Signature of Accepting Authority: _____

Name (in block letters) : _____

Designation : _____